

UNITED STATES PATENT AND TRADEMARK OFFICE
DOCUMENT CLASSIFICATION BARCODE SHEET



Drawings

7

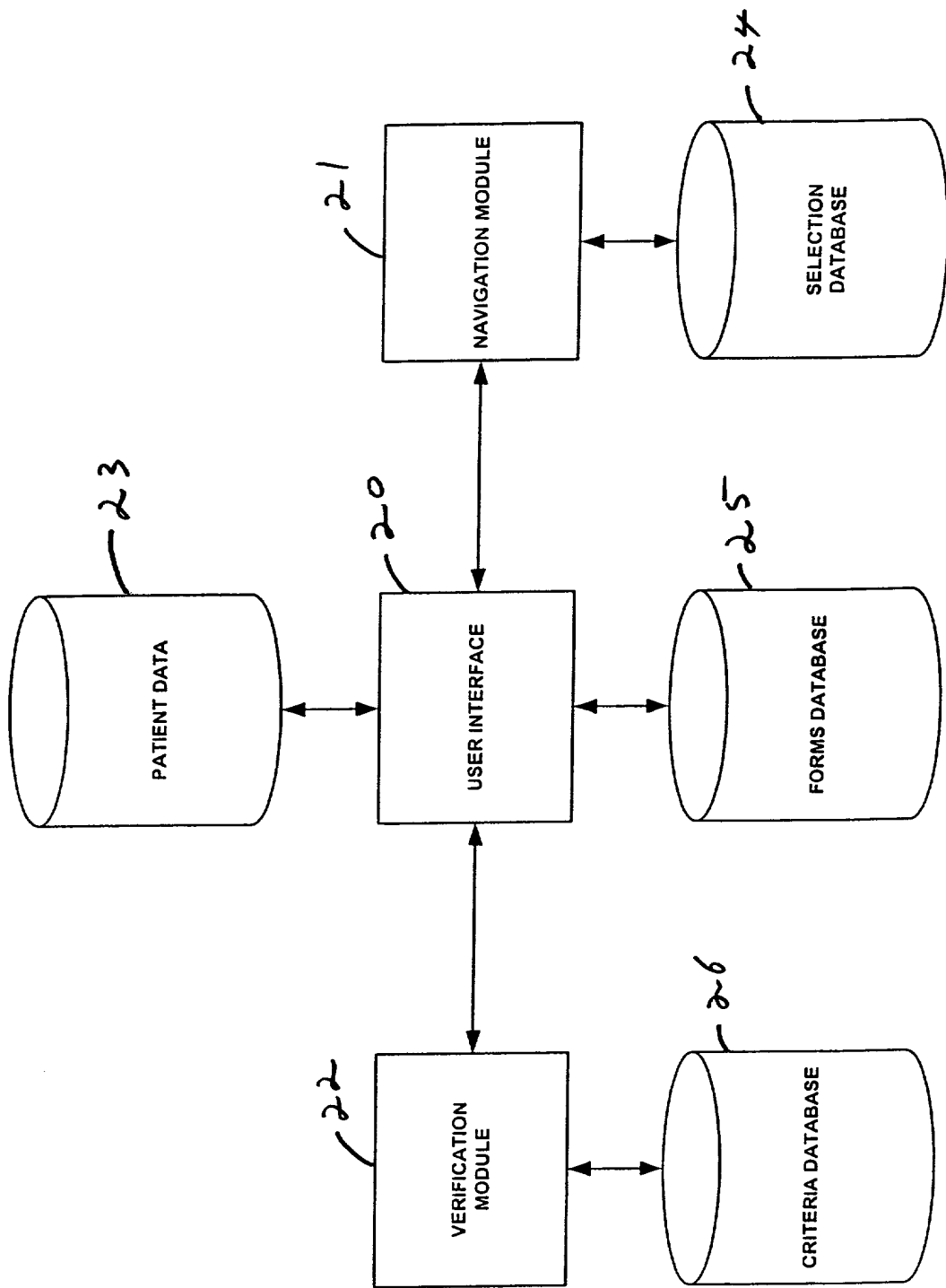


FIG 1

29

30

Inpatients

Facility Types... Acute Care

Facilities... 31

General Hospital 28 3 Patients

27 NEW ADMIT 32

☐ CLINICAL SCREEN ☐ Discharge Plan Screen

LAD.....	Reduced..	Last Note	Admit	Adm Auth No.....	Discharge Plan..	Patient
Pending.....	None.....	None.....	11/05/00...	Pending.....	None.....	West Ronald
Pending.....	None.....	None.....	11/05/00...	Pending.....	None.....	Brown Paul
Pending.....	None.....	None.....	11/04/00...	Pending.....	None.....	Smith Jane

33

HOME

FIG 2A

ADMISSION FACE SCREEN

Member ID:	ff55555f		Last Name:	Gray		First Name	Jane	
Birthdate	11/4/50		<input type="radio"/> Male ; <input checked="" type="radio"/> Female					
Group No	A77		Product	Commercial		Contract No	GG234	

Admit Date	11/5/200	Today	<input type="checkbox"/> Related to accident or 3rd party liability	
Came from	Home	Arrived via	Auto	
Attending MD	Phil Byrd MD			
Admitting MD	Susan Winters			
ICD9 Groups		Code:		
ICD9 Codes		<input type="checkbox"/>		
Admit Dx				

SUBMIT (->Census)	SUBMIT (->Clinical)	RESET
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F16 2B

Patient **Brown Paul** ID: **BB22222B** 38
 Male- DOB 8/22/81 Discharge Plans 39
 Admit Dx: **486 Pneumonia** 40
 Admit Date 11/5/00 35

Date **11/5/2000** Chart Date Day **Med-Surg** Bed Location 42
 Criteria **486 Pneumonia** Parameters needed ... 44
 Additional Info **No Requests** 43 45
 Admit Auth: **PENDIT** 46
 LOC: **PENDIT** 47

Clinical Element	History	48
Past Hx	Diagnoses	49
Last Event	<input checked="" type="checkbox"/> Last Hospital Admit	50
System/Group	Past History: ICD-9 Codes....	51
Parameter	486 Pneumonia	52
Finding	486 Pneumonia	53

Dx: **486 Pneumonia**; Last Hospital Admit 9 months ago
 Dx: **481.3 Asthma**; Last Hospital Admit 2 years ago; Last ER Visit 4 days ago

Parameter **486 Pneumonia** **New** 54
 Findings **486** **Pneumonia** 55
 Today **486** **Pneumonia** 56
 Duration **9 months** 57
 Frequency **Interval** 58
 In Past... 59
 Interval 60
 In Past... 61
 Interval 62
 In Past... 63
 Interval 64
 In Past... 65
 Interval 66
 In Past... 67
 Interval 68
 In Past... 69
 Interval 70

FIG 3A

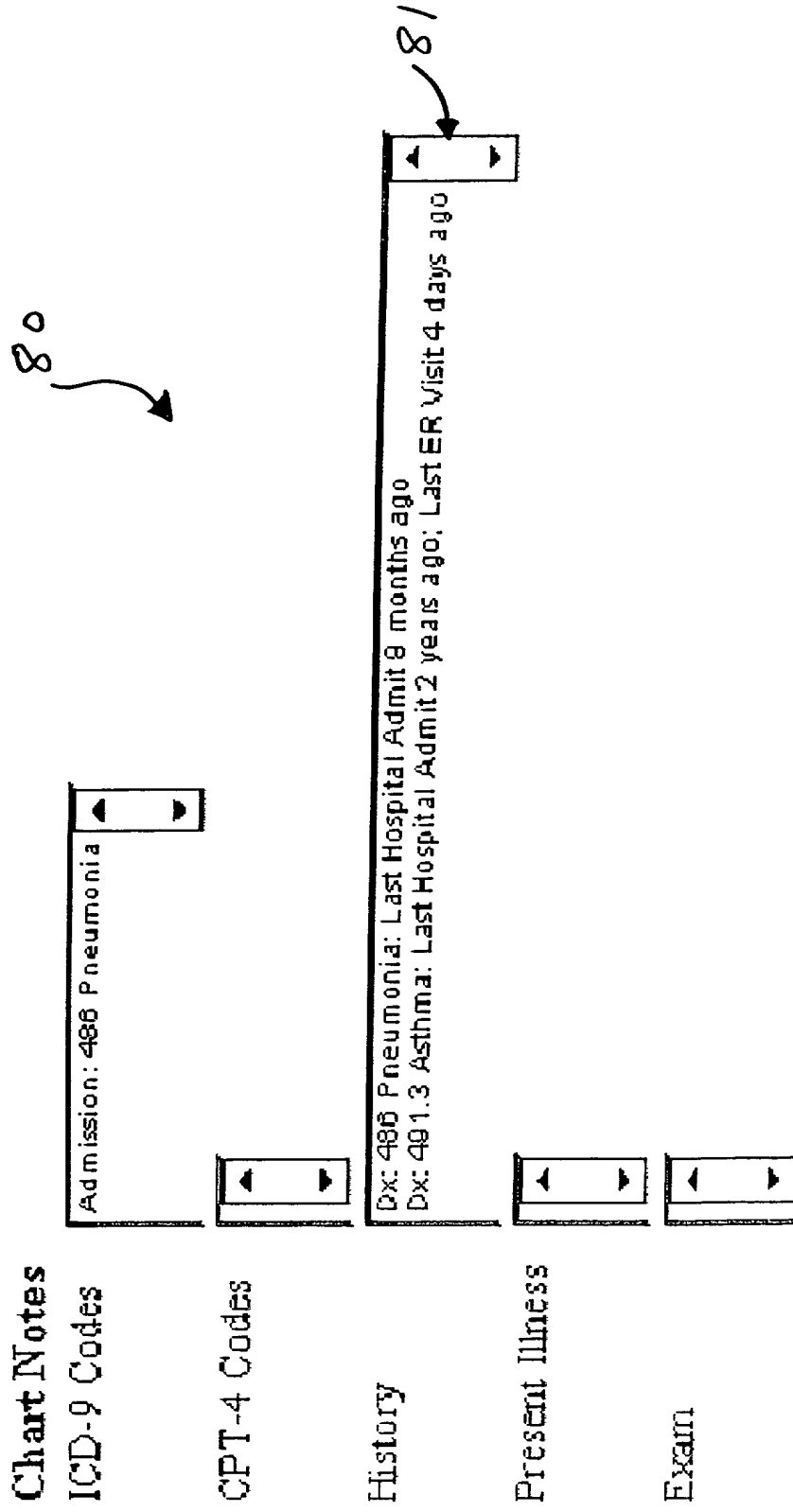


FIG 3B

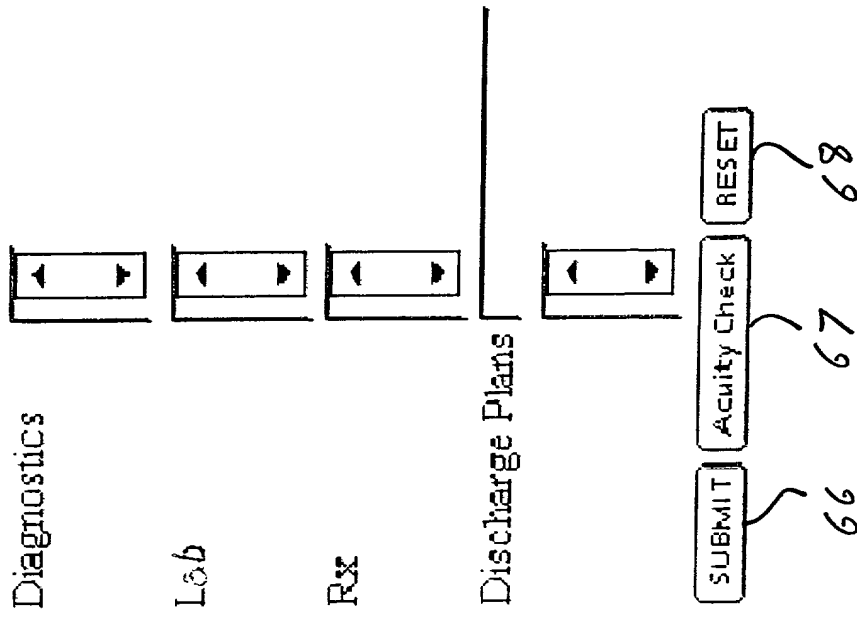


FIG 3C

Patient: Smith Jane ID: AA11111A Admit Date 11/4/00
Female- DOB 10/15/70 Discharge Plans home Admit Dx 491.3 Asthma

Date 11/5/2000 Chart Date Nav Bed Location Med-Surg Level of Care: PENDING

Criteria 491.3 Asthma NOT met--Exam: Pulmonary: Chest Auscultation

Additional Info No Requests

Clinical Element	System/Group	Parameter	Finding
Exam	Pulmonary	Chest Auscultation	wheezing

-Chest Auscultation: Today: wheezing++
 -Cardiac Auscultation: Today: rub++; syst ejec murmur+++
 -Cardiac Palpation: Today: Prominent PMI

Parameter Findings

Chest Auscultation
 SELECT from FINDINGS LIST
 wheezing++
 Today

Finding_1 wheezing
 ++
 +++

SUBMIT Acuity Check RESET

Chart Notes

ICD-9 Codes

Admission: 481.3 Asthma

CPT-4 Codes

Symptoms

Exam

-Chest Auscultation: Today: wheezing++
-Cardiac Auscultation: Today: rub++; syst ejec murmur++
-Cardiac Palpation: Today: Prominent PMI

Diagnostics

Lab

-ABG's: Today: PH@7.40; PO2@78; PCO2@38; HCO3@28 ->2 I/m O2

80

83

FIG 4B

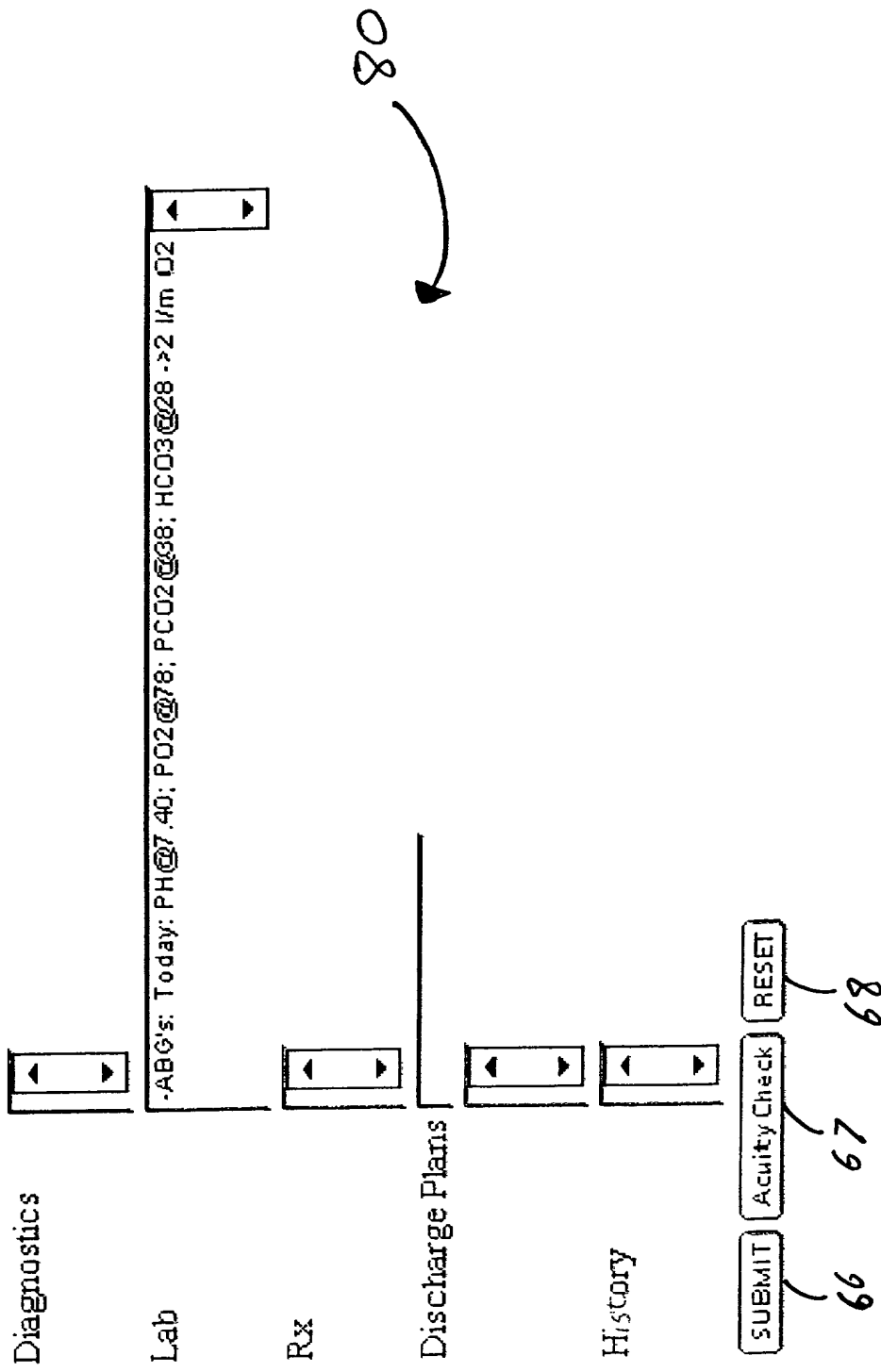


FIG 4C

71 Patient Smith Jane

ID: AA11111A Admit Date 11/4/00

Female- DOB 10/15/70

Admit Dx

Disposition 72

73
 74
 75
☒ 78 E1200 wheelchair
 77
-DME: E1200 wheelchair 76
-DME: E1000 Oxygen (tank)

Home Visits: ☐ visit(s) over: ☐ weeks / OR / ☐ days / (Visit Duration ☐ hrs) 79

Vendors
 85
 84

☐ Name PIN No
Address
City State Zip
Contact Last Name First Name
Telephone - Ext. / Fax
E-Mail Address

87 88 89 90 91

Chart Notes

Discharge Plans

- DM: E1200 wheelchair	◀ ▶
- DM: E1000 Oxygen (tank)	◀ ▶

Clinical Status

- Incomplete IV Rx	◀ ▶
- Ambulates <15 feet	◀ ▶

Clinical Needs

◀ ▶

Exam

◀ ▶

Rx

◀ ▶

92




FIG. 5B

71

Patient West Ronald ID: cc33333c Admit Date 11/5/00

- DOB 00/00/00

Admit Dx

Disposition Skilled Nursing 72

Skilled Nursing 73
 Accepting Facility Status 74
 Needs PRI submission 75

☒ Needs PRI submission New 76
 -Skilled Nursing: Needs PRI submission@Sunrise Nursing Home 77

Home Visits: weeks / OR / days / (Visit Duration hrs) 86

Vendors 85
 Myack
 Sunrise Nursing Home 84
 GET

☒ Name Sunrise Nursing Home PIN No 2
 Address
 City State Zip
 Contact Last Name First Name
 Telephone - Ext. / Fax -
 E-Mail Address

SUBMIT Check for Auth RESET Discharge Order... DISCHARGE

87 88 89 90 91 FIG-5C

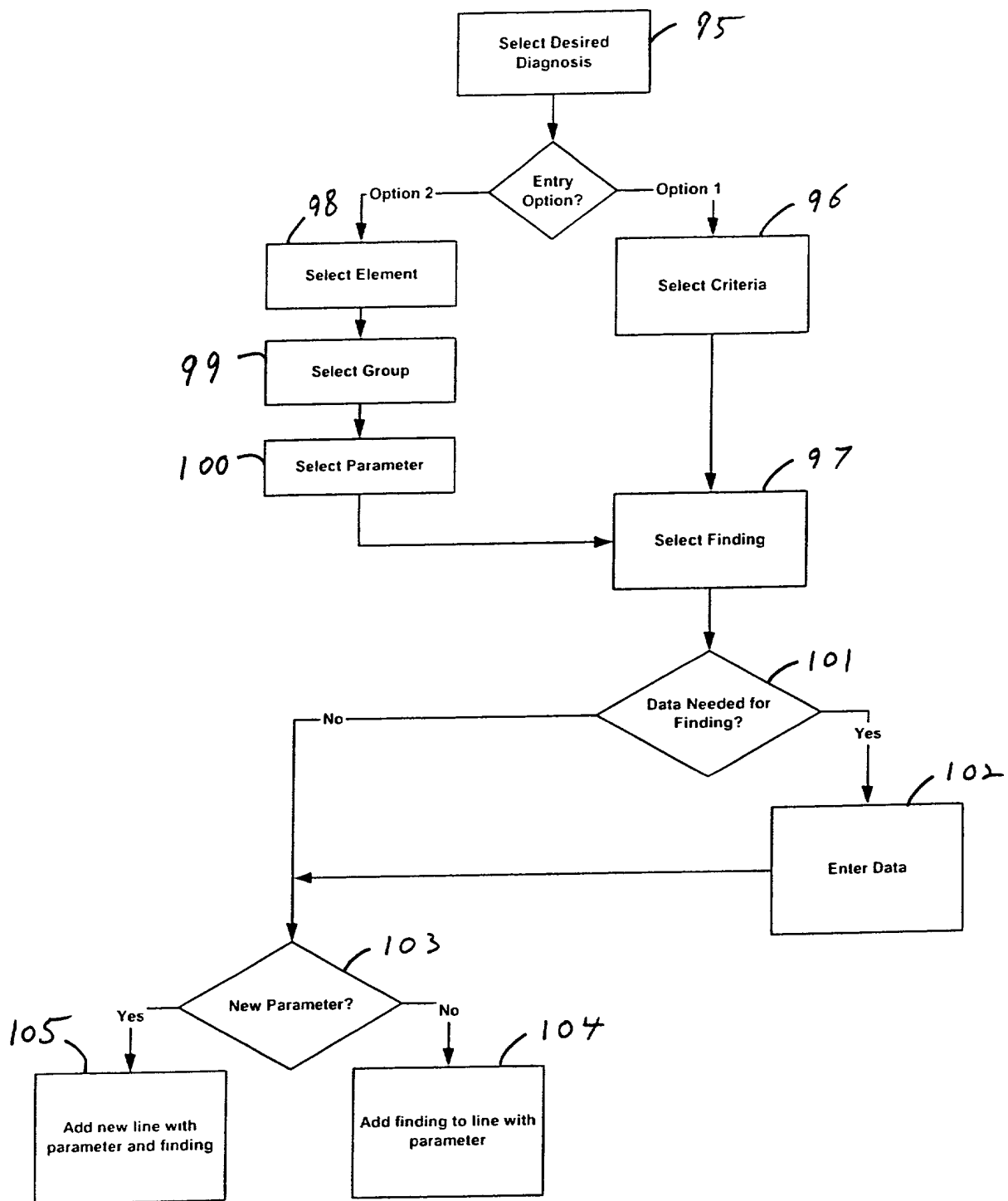


FIG 6